



FLORIDA SUPPLY & CLEANING PRODUCTS, LLC

1640 MASON AVENUE

DAYTONA BEACH, FL 32117

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CREDIT APPLICATION

Spoke with: _____

How Applied:

Phone _____ In person _____ Mail _____ Taken by _____

Line of Credit Requested \$ _____ Present Balance \$ _____ (Date) _____

Business Name: _____ Phone (area code and number) _____

Address: _____ City: _____ State: _____ Zip Code: _____ For past _____ years

D/B/A _____ FEDERAL TAX/ID # _____

Former Business Address (if applicable) _____

Type of Business _____ Date Established _____ How Long in Business _____

Does State, County of City require a License? Yes _____ No _____

If Yes, License # _____

Franchisee/Owner Information/Contracted Party

Principal: (Name) _____ Title _____ SS# _____ Home Address _____

Principal: (Name) _____ Title _____ SS# _____ Home Address _____

Principal: (Name) _____ Title _____ SS# _____ Home Address _____

Principal: (Name) _____ Title _____ SS# _____ Home Address _____

Occupational License of Said Property _____

Management: _____ (Management Corporation Required)

Name: _____

Title: _____

Phone Number: _____

Principal Mailing Address: _____ Occupational License # _____

Please Provide us with a Copy of Operations Agreement between Management Corp & Franchisee or Owner

**Florida Supply
Credit Application**

Trade References:

Name:

Address/Phone:

(Name of Supplier of
Major products and services)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Bank Reference: Checking _____ Loan _____ Savings _____

Name: _____ Address _____ Acct # _____ Contacts _____

Name: _____ Address _____ Acct # _____ Contacts _____

Name: _____ Address _____ Acct # _____ Contacts _____

No. of Employees _____ Est. Annual Sales # _____ Sales Area _____

Has the firm or any of its Principals ever been bankrupt? Yes ___ No ___

If yes, explain: _____

